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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

**KAESEMEYER**

Serial No.: 08/833,842

Filed: April 10, 1997

Art Unit: 1205

Examiner: D.C. Jones

Atty. Docket No.: 97-092-US

**METHOD AND FORMULATION FOR  
TREATING VASCULAR DISEASE**

Pittsburgh, Pennsylvania 15230

Assistant Commissioner for Patents  
BOX AF  
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment and Response to Final Office Action  
in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding  
Office Action. A Petition for an extension of time is enclosed.

OR

- ☐ In the event that an extension of time is required, this conditional  
petition is being made to provide for the possibility that applicant has  
inadvertently overlooked the need for a petition and fee for extension  
of time.

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being

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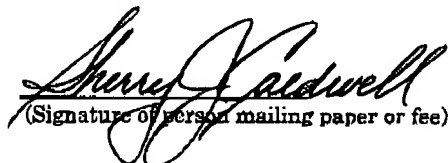
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**FACSIMILE**

☒ transmitted by facsimile (703-308-4556) on January 19,  
1999 to the U.S. Patent and Trademark Office.

Sherry J. Caldwell

  
(Signature of person mailing paper or fee)

Harrisburg, PA    McLean, VA    Newark, NJ    New York, NY    Philadelphia, PA    Princeton, NJ    Washington, DC

## REED SMITH SHAW &amp; MCCLAY LLP

2. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
3. ☐ A verified statement to establish Small Entity status is enclosed.
4. ☐ Also enclosed:
5. ☒ No fee for extra claims is required.
6. ☐ The fee for extra claims has been calculated as shown below:

	Claims Remaining Highest After No. Prev. Amendment paid for		Extra Present (Col.3)	SMALL ENTITY				OTHER THAN A SMALL ENTITY	
	(Col.1)	(Col.2)		RATE	FEE			RATE	FEE
Total Claims	19 -	20**	= 0	X \$ 9	= \$	OR	X	\$ 18	= \$
Ind. Claims	3 -	3***	= 0*	X \$ 39	= \$	OR	X	\$ 78	= \$
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$180	= \$	OR	+	\$260	= \$
				<u>TOTAL</u>	= \$	OR		<u>TOTAL</u>	= \$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

7. ☐ Applicant encloses herewith a check including the amount of \$[Amount] to cover the extra claims fee.
8. ☐ The Commissioner is authorized to charge the \$[Amount] filing fee to Deposit Account No. 18-0582.
9. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 18-0582. A duplicate copy of this communication is attached.

Respectfully submitted,

Dated: January 19, 1999

Raymond A. Miller  
Reg. No. 42,891

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Attorney for Applicant

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HARRISBURG, PA McLEAN, VA NEW YORK, NY NEWARK, NJ PHILADELPHIA, PA PITTSBURGH, PA PRINCETON, NJ WASHINGTON, DC**TO: D.C. JONES****FROM: Raymond A. Miller****CO./FIRM: USPTO - Art Unit 1205****PHONE: (412) 288-4192****FAX NO.: 703-308-4556****DATE: January 19, 1999****TOTAL NUMBER OF PAGES INCLUDING COVER PAGE: 7****ORIGINAL will follow via:** ☐ Regular Mail ☐ Overnight Delivery ☐ Messenger ☒ None**COPIES TO:**

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HARRISBURG, PA McLEAN, VA NEW YORK, NY NEWARK, NJ PHILADELPHIA, PA PITTSBURGH, PA PRINCETON, NJ WASHINGTON, DC**TO:** D.C. JONES**FROM:** Raymond A. Miller**CO./FIRM:** USPTO - Art Unit 1205**PHONE:** (412) 288-4192**FAX NO.:** 703-308-7924**DATE:** February 3, 1999**TOTAL NUMBER OF PAGES INCLUDING COVER PAGE:** 9**ORIGINAL will follow via:** ☐ Regular Mail ☐ Overnight Delivery ☐ Messenger ☒ None**COPIES TO:**

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**Re: Serial No. 08/833,842, Our Ref. No. 97-092-US****Dear Mr. Jones:**

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